

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

11/27/2007

TED APPLE (TOWNSEND AND TOWNSEND)
 379 LYTTON AVENUE
 PALO ALTO, CA 94301

I hereby certify that this Fee(s) Transmittal is being
 filed via EFS-Web with the United States Patent and
 Trademark Office on February 22, 2008.

By:

Yvonne Mock

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/621,206

07/15/2003

James T. Kealey

020547-003010US

1089

TITLE OF INVENTION: RECOMBINANT HOST CELLS EXPRESSING AT0AD AND CAPABLE OF MAKING A POLYKETIDE USING A STARTER UNIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES No

\$1440

\$300

\$0

\$1740

02/27/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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ROBINSON, HOPE A

1652

435-078000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend

2 and Crew LLP

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Kosan Biosciences, Inc.

Hayward, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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☒ Advance Order - # of Copies 3

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1450 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Randolph T. Apple

Date February 22, 2008

Typed or printed name

Registration No. 36,429

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